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Office.**

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October 7, 2025

To: Supervisor Kathryn Barger, Chair
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Supervisor Janice Hahn

From: Wilford Pinkney Jr.
Executive Director

**COMMUNITY SAFETY IMPLEMENTATION TEAM – QUARTERLY REPORT NO. 5
(ITEM NO. 12, AGENDA OF APRIL 9, 2024)**

On April 9, 2024, the Board of Supervisors (Board) directed the transfer of the Jail Closure Implementation Team (JCIT), now named the Community Safety Implementation Team (CSIT), back to the Chief Executive Office (CEO). Among other directives, the Board directed CSIT to report in writing every 90 days with updates describing the detailed substantive plans for the closure of Men's Central Jail (MCJ) that it has developed with County departments and stakeholders.

This report highlights CSIT's progress since the last report, dated June 26, 2024.

Progress to Date Reflecting Where We Are

Over the last quarter, CSIT's efforts have focused on the actions necessary to accomplish our mandate. Many of the actions CSIT has identified to support the closure of MCJ without a replacement will take time and a great deal of effort to implement.



CSIT has built an internal dashboard using data that is currently available. It allows us to track changes and trends in the jail population but by itself does not provide a complete picture. It is necessary to match jail data with court and behavioral health datasets to better understand the population and inform effective strategies. CSIT has identified certain conditions that are required to accomplish MCJ closure:

1. Increase opportunities for deflection and diversion;
2. Decrease unnecessary court appearances and increase early releases; and
3. Determine appropriate community capacity of beds and services, and improve post-release connections to care.

What to Expect from this Report

This report contains four (4) main parts:

- This memo provides a high-level summary of the strategies we have identified as necessary for closing MCJ, barriers to action, the actions we have taken, and our next steps;
- Attachment I provides a visual summary of the memo and highlights some of these barriers and action steps; and
- Attachment II provides a more detailed account of CSIT's work to facilitate a deeper understanding of each reform, specific strategies, and potential impact on MCJ closure; and
- Attachment III is going to provide a list of acronyms used throughout this report.

Jail Closure Framework

CSIT continues its work to identify specific actions, responsibilities of the appropriate stakeholders, estimates of associated costs, and the time required for the implementation of proposed strategies to facilitate the closure of MCJ. Once approved, this framework will serve as the foundation for developing an actionable implementation plan to guide the execution phase.

Base Population Projection

Projecting the population five years into the future is critical to the development of a solid plan to close MCJ. The projection will include annual milestones that will allow us to measure progress and adjust throughout the closure progress.

Since criminal justice policy is dynamic and constantly in flux, projections are limited to five-years only. A further timeline and horizon would involve too many unknowns, require too many assumptions, thereby degrading the value of the

forecast. Policy changes like Proposition 36, and events like COVID 19, make it impossible to accurately predict the future jail population.

CSIT completed an initial baseline projection, and the jail population is estimated to rise to approximately 14,500 people by 2031 if all current conditions remain the same.

The base population projected conducted in 2021 found that the jail population would be approximately 12,700 by 2025. The current jail population is approximately 13,500. If we subtract the number of people being held on Prop 36 charges, approximately 930 people as of October 2nd, the jail population would be approximately 12,570, which is in line with the 2021 projection.

CSIT will continue to monitor these factors among others and provide updates on how they affect this projection going forward.

CSIT is also developing a projection to estimate the jail population if specific, proposed depopulation reforms are implemented. Proposed reforms that need to be implemented to close MCJ under the current directive include:

- Expediting Case Processing
- Expanding Mental Health Beds and Services
- Expanding Alternatives to Incarceration and Diversion programs
- Reducing of the Parole and Probation Violation Population

The Average Daily Population (ADP) of the jail is the measurement through which we evaluate the impact of the proposed reforms on the number of people in jail over time. The ADP is calculated by multiplying [the number of individuals released from the jail] by [the average length of stay for those individuals] and then divided by [the number of days over which those releases took place].

These reforms would need to consist of new actions from CSIT partners — and are based on the ability of CSIT partners to go above and beyond their current strategies and practices. For example, the Office of Diversion and Reentry (ODR) expanding their services to people with a P2 designation (moderate mental illness), which represent the largest group in mental health housing in jail and are generally not considered for ODR at the point of referral.

Preventing New Inflow

Pre-booking deflection and booking diversion programs, which are designed to reduce the number of people entering jail, currently exist in Los Angeles County.

While these strategies are not new, they are essential to jail closure. Preliminary analysis from the first seven months of this year revealed that 1,180 individuals were released from jail who were charged with solely non-violent, drug-related charges. Their length of stay (LOS) was 28.5 days. The ADP for this group was 180 people. If the average LOS for the group was reduced to 10 days, the ADP would drop to approximately 66 people.

CSIT has identified factors that affect program impact. Below, we highlight some of these barriers and our action steps to address them.

Barrier	Next Step
Pre-booking, deflection and diversion programs do not operate countywide.	CSIT is identifying opportunities to expand these programs (e.g. broaden eligibility and geographic locations). This would increase the number of people who are screened for enrollment, potentially reducing the number of bookings into the jail. CSIT is also developing cost estimates associated with these steps. One strategy we are exploring is a standardized, countywide screening process to ensure that regardless of where an eligible person is booked, they can potentially be diverted into treatment and services.
Eligibility varies across programs, resulting in gaps in both participation and access.	
Staffing shortages lead to reduced program capacity.	
These programs do not have sustainable funding.	

Shortening Length of Stay

CSIT is working with partners to develop strategies that will increase the number of cases resolved in less than one year and increase the number of releases up to and including the preliminary hearing stage. CSIT worked closely with partners to develop a pilot program to identify individuals in custody who may be appropriate for pre-trial release (with or without supports) and to ensure that thoughtful settlement offers are made as soon as possible to reduce extra court dates.

As of August 2025, CSIT’s review of jail data revealed that more than 2,229 people have been in LA County jail custody for more than one (1) year. Critically, the vast majority (1,963) of those individuals have at least one case that remains unresolved, placing them outside the standard timeframe for resolving non-capital felony cases in California (non-capital cases should be resolved within one year of arraignment).

Reducing LOS for people in jail more than one year by 60 days through case processing reforms can reduce the ADP of that group by approximately 366 people, but it will take time to achieve that result.

Defense and prosecution partners conducted surveys from June through August of this year and reviewed a sample of actual cases that have been open for more than three years, which far exceeds state standards. Several factors contribute to these extended stays and are highlighted below along with actions CSIT is taking to address them:

Barrier	Next Step
<i>Delays in expert appointments:</i> The process of appointing behavioral health experts adds significant time, with waitlists often stretching from several weeks to several months. This prolongs the length of cases for people in custody, especially those with potential behavioral health needs.	CSIT is supporting the Professional Appointee Court Expenditure Program Work Group, which is assessing the current process and working on the development of possible future options. Next steps may include a landscape analysis to develop a listing of how other Counties address similar issues.
<i>Attorney access issues:</i> Defense attorneys face persistent challenges with accessing clients in custody due to jail lockdowns, staffing shortages, and unreliable video conferencing systems. This leads to extra court dates so attorneys can meet with clients in court—instead of in jail or by video.	CSIT is working with partners to support improvements to the Justice Video Conferencing Scheduling System, including efforts to integrate jail movement data and reduce missed appointments. More reliable video visits could allow attorneys to meet with clients <i>before</i> court dates, so the court appearances are productive.
<i>Service navigation gaps:</i> Attorneys must independently locate and coordinate treatment placements, often without adequate support staff. This process, often time-consuming, requires attorneys to request additional court dates, further delaying cases.	CSIT is backing pilot programs that provide early assessment and linkage to treatment, using social work support to reduce delays in identifying appropriate placements. This makes service navigation more efficient by leveraging people who have the professional training to connect clients to available and appropriate treatment beds—and frees up attorneys to focus on legal representation.
<i>Electronic evidence:</i> The growing volume of digital discovery materials increases the time needed for case preparation and review. Cases often cannot proceed until this review is complete, resulting in lengthier cases and extra court dates.	CSIT is collaborating with justice partners to assess the impact of digital discovery on case timelines and explore ways to streamline review processes. Improving the speed and accessibility of digital evidence can help attorneys review evidence earlier, prepare cases more efficiently, negotiate pleas earlier, and ideally reduce extra court appearances.

Enhancing the Community Based System of Care

As a critical first step, CSIT is working with departments to determine the number of beds and services needed to safely reduce the jail population, and to identify the

timeline and cost for expanding that capacity. Expanding the beds and services available allows the County to meet the rising demand of those currently incarcerated and increases opportunities to divert people into community-based services. CSIT is working with partners to develop strategies that will expand ODR services to people with a P2 designation, which represents the largest group in mental health housing. These individuals are generally not currently considered for ODR at the point of referral.

Several barriers are limiting the reach of current efforts. Below we highlight some barriers and actions we are taking to address them:

Barrier	Next Step
<p><i>Determining appropriate community capacity:</i> Currently, there is no single report — or set of reports — that can be readily generated to identify an individual’s clinical needs at the time of their release, or the services that an individual receives after release from jail. To generate such a report would require considerable time and manual effort in order to identify trends in the level of care needed, which prevents the ability to foster more community-based opportunities for diversion and release.</p>	<p>CSIT is working with Correctional Health Services (CHS), Department of Mental Health, and the Department of Public Health – Substance Abuse, Prevention and Control (DPH-SAPC) to conduct manual chart reviews to assess the total care and services required. Understanding the actual need allows us to match community capacity with the needs of the jail population, which provides the right options for people, improves coordination to get them there, and ensures safe and timely releases from jail.</p>
<p><i>Improving warm handoff and post-release connections to care:</i> Unpredictable release dates — except in conditional and coordinated releases — affect the ability to secure concrete, individualized follow-up, like treatment or appointments, limiting warm handoffs to community services, which are essential to decreasing recidivism and lowering the jail population.</p>	<p>CSIT is partnering with CEO’s California Advancing and Innovating Medi-Cal (CalAIM) Implementation Team to better understand release planning processes and identify opportunities to improve post-release connections to care. CalAIM, a California Medi-Cal program, allows for critical pre-release services for incarcerated people up to 90 days prior to their release. Additional support from CalAIM could expand the population that receives coordinated release planning and warm handoffs.</p>
<p><i>Step-down treatment capacity:</i> Currently, there is no singular system to identify all the available treatment beds in real time. Improved coordination and additional system capacity would support timely transition to lower levels of care, minimizing time in custody once the legal process has identified an individual as ready for release.</p>	<p>CSIT is partnering with departments to better understand how wait times can be reported and used to guide ongoing efforts. This includes identifying the cause of delays in placement into appropriate care. With the continued expansion of the County’s continuum of care, people will more easily move to the least restrictive placement that is clinically appropriate to meet their needs.</p>
<p><i>Expanding ODR capacity:</i> ODR Housing will meet its goal of serving 3,615 people by early</p>	<p>CSIT, in coordination with ODR, justice partners, and the courts, is evaluating options to address</p>

<p>2026. Without expansion, new admissions will be limited to ~70/month, risking delays, fewer diversions, and growth in the number of people in the jail with severe or acute mental illness.</p>	<p>the capacity limit in ODR housing slots. One scenario we are exploring involves creating 1,000 new slots — 500 for P3/P4 placements to further compliance strategies, and 500 for P2s, the largest group in mental health housing. This would allow ODR to expand to serve more people with moderate mental illness while also serving even more people with severe or acute mental illness.</p>
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Facilities

CSIT is working with departments to assess the operational impacts of demolishing MCJ, including the relocation of individuals and systemwide functions, and the infrastructure needed to maintain continuous jail operations.

The Chief Executive Office, in partnership with Los Angeles Sheriff Department (LASD) and other County agencies, developed a matrix to identify operational considerations, assess impacts on LASD operations, and calculate the costs associated with relocation or replacement.

The matrix will be used for program planning purposes and will allow for the development of multiple scenarios and an understanding of the needs and impact of closing MCJ, including the relocation of individuals and systemwide functions needed to maintain continuous jail operations.

Data Resources

A critical step of CSIT's work is to match individual-level information, e.g., jail, court, and behavioral health data, to facilitate evidence-based decision-making. CSIT is working closely with several data partners via the Chief Information Office (CIO) to obtain this data and conduct this matching.

CSIT is working with partners on the following actions, which will create the ability for the County to continue using a data-driven approach to measuring and maintaining progress in depopulating the jail:

- **Substance Abuse, Prevention and Control (DPH-SAPC):** Amending a memorandum of understanding to establish a baseline of how many in-custody and recently released individuals were referred to DPH-SAPC services and who ultimately entered treatment.

- **Los Angeles Sheriff's Department (LASD):** CSIT uses this data to monitor jail population changes and work to understand and address contributing factors. We are working to determine the feasibility of receiving automated data files instead of the manual files that CEO and CIO currently receive. Automating file transfers will make the process of receiving, cleaning, and preparing the data for analysis faster and more reliable.
- **Correctional Health Services (CHS | DHS):** Identifying specific clinical health indicators in CHS data and the feasibility of transferring them to CIO. Clinical health information will support our efforts to understand which community-based services should be expanded or shifted to promote the release of more people—and better support them in the community.
- **Los Angeles Superior Court (LASC):** Amending a data-sharing agreement for case-associated data elements to provide a baseline on case processing timelines and hearing results. This agreement is in the signature phase.
- **Information Systems Advisory Board (ISAB):** Utilizing arrest and booking data to analyze the charges associated with Book-and-Release and Cite-and-Release cases to identify additional diversion opportunities and assess the effectiveness of strategies aimed at reducing inflow to the jail.
- **Chief Information Office (CIO):** Connecting and merging various datasets to allow for a fuller picture of justice-involved clients across the county. It will also allow CSIT to measure the impacts of strategies to depopulate the jail.

Gender Responsive Advisory Committee

CSIT joined the March 13 and April 7, 2025, meetings virtually, met with the Gender Response Advisory Committee (GRAC) leadership on August 26, and presented directly to GRAC on September 11, 2025, regarding MCJ closure efforts. GRAC will continue to update its recommendations on how to address the needs of cisgender women, two spirit, lesbian, gay, bisexual, questioning, transgender, gender non-conforming and/or intersex (2S-LGBQ+TGI), and other vulnerable populations in the County jail, and will provide these recommendations to CSIT to incorporate into the MCJ closure plan.

Policy Impacts

Since criminal justice policy is dynamic and constantly in flux, CSIT continues to monitor current and proposed policies to determine potential challenges and opportunities for our work. Namely, changes at the local, state, and federal levels continue to shift the landscape — such as implementation of Proposition 36, and the Federal “Big Bill”, which reduces Medi-Cal eligibility. The latter will strain local resources, limit access to care, and increase the risk that mild or moderate conditions escalate into serious mental illness.

Potential impacts on jail closure include:

- A funding gap for community-based Substance Use Disorder (SUD) services outside of Drug Medi-Cal
- An increased demand for already-limited behavioral health treatment beds
- Reduced access to acute care and capacity to timely meet psychiatric needs
- Reduced funding for residential SUD beds that are currently resourced via the Institute for Mental Disease waiver that expires in 2026

Next Steps and Future Report Backs

Our goal is to make progress in the following areas by the next Report Back:

1. Gather data to complete Component #2 of the Base Population Projection.
2. Continue to gather feasibility data and model the projected impact of expanding deflection and diversion from jail custody.
3. Continue to analyze data and conduct case reviews to support early release, case disposition, and service navigation.
4. Continue medical record reviews and data integration to determine capacity needs and identify bottlenecks.
5. Continue to identify the impact of budget curtailments, as well as legislative and policy changes on CSIT’s mission.
6. Incorporate final GRAC recommendations, which are expected in late 2025, in future CSIT Reports.
7. Onboard two FUSE fellows whose respective focuses will be Systems of Care and Facilities.
8. Work with The City University of New York Institute for State & Local Governance to draft the Jail Closure Framework.

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Should you have any questions regarding this matter, please contact me at (213) 262-8063 or wpinkneyjr@ceo.lacounty.gov.

WP:CU:SSC
RF:sy

Attachments

c: Executive Office, Board of Supervisors
 County Counsel
 District Attorney
 Sheriff
 Alternate Public Defender
 Health Services
 Internal Services
 Justice, Care and Opportunities
 Medical Examiner
 Mental Health
 Probation
 Public Defender
 Public Health
 Public Works

Community Safety Implementation Team (CSIT)

Fifth Quarterly Board Report Summary

Progress to Date

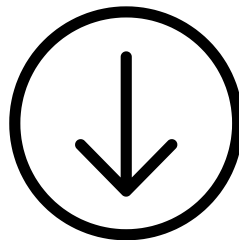
CSIT has identified certain conditions that are required to accomplish MCJ closure, including:

- 1 Increase opportunities for deflection and diversion.
- 2 Decrease unnecessary court appearances and increase early releases, where appropriate.
- 3 Determine appropriate community capacity of beds and services and improve post-release connections to care.

Jail Closure Framework

To facilitate the closure of MCJ, the framework will identify the:

- Specific actions
- Responsibilities of the appropriate stakeholders
- Estimates of associated costs
- The time required for the implementation of proposed strategies



Board Approval

Once complete and approved by your Board, the framework will serve as the foundation for an actionable implementation plan.

Implementation Plan

The implementation plan will be a practical, action-oriented guide for the execution phase.

Jail Population Projection

Component #1

Initial baseline projection results:

14,500

Estimated jail population in 2031 if all current conditions remain the same.

12,700

2021 projection estimate in 2025.

As of 10/7, jail population without Prop 36 population is 12,570.

Component #2

Estimates the impact of proposed reforms on future jail populations.

Proposed Reforms



Case Processing Reforms



Expansion of ATIs and Diversion Programs



Expansion of Mental Health Beds and Services



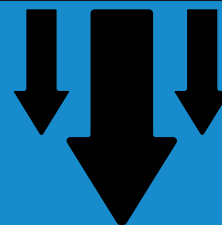
Reduction of Parole and Probation Violation Populations

Jail Population Projection

Average Daily Population

The Average Daily Population (ADP) of the jail is the measurement through which we evaluate the impact of the proposed reforms on the number of people in jail over time. ADP is calculated by multiplying [the number of individuals released from the jail] by [the average length of stay for those individuals] and then divided by [the number of days over which those releases took place].

Preliminary analysis of ADP shows greater reductions in ADP through case processing reforms than other proposed actions.



CEO. Preventing New Inflow

Goal: Reduce the number of individuals entering County jail custody and, where appropriate, link them to community-based services.

Deflection and Diversion

Currently, two main types of programs exist for deflection and diversion:

- **Pre-booking deflection programs** (e.g., ODR LEAD, LB LEAD) which aim to connect people to services before they are formally booked.
- **Booking diversion programs** (e.g., JCOD Prefiling and LASD Intake Booking Diversion pilot), which screen people during the booking process and connect them to treatment.

Barriers



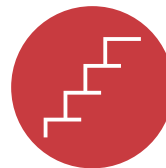
Geographic Reach

Programs do not operate countywide.



Staffing Shortages

Not enough staff assigned to do this work.



Funding Challenges

Programs do not have sustainable funding.



Eligibility

Variations mean everyone who is eligible does not get an opportunity to participate.

Next Steps

1

Expand Program Reach

Broaden eligibility and geographic coverage.

2

Establish Cost Estimates

Develop cost projections to support program expansion.

3

Countywide Screening

Explore creating a standardized, countywide screening system so eligible individuals can be diverted regardless of booking location.

Preliminary analysis of non-violent drug cases reveals that lowering length of stay from 28 to 10 days could lower the average daily population for this group from 180 to 66.



CEO. Shortening Length of Stay

Goal: Decrease the amount of time it takes from case initiation to case disposition for individuals in custody.

People in Custody More Than 1 Year As of August 2025

● At Least 1 Unresolved Case ● Sentenced



Reducing average stays by 60 days for people in jail over a year could lower the daily population by 366.

Barriers



Expert Witness Delays

Delays of weeks or months in appointing behavioral health experts extend case timelines for people in custody.



Attorney Access to Clients

Jail lockdowns, staffing shortages, and unreliable video systems limit attorney access, causing extra court dates for in-person meetings.



Service Navigation Gaps

Attorneys must independently locate and coordinate treatment placements, adding significant time and delaying case resolution.



Electronic Evidence

The growing volume of digital discovery forces longer review times, delaying cases and requiring additional court dates.

Next Steps

1

Expert Witness Delays

Supporting efforts to develop a streamlined model for appointing and compensating experts to reduce delays.

2

Attorney Access to Clients

Improving the Justice Video Conferencing system by integrating jail movement data and minimizing missed appointments.

3

Service Navigation Gaps

Supporting pilot programs that use social work support to identify placements sooner and free up attorneys to focus on legal work.

4

Electronic Evidence

Collaborating with justice partners to timely evidence review and reduce extra court appearances.

CSIT is collaborating with justice partners to pilot a new early release process at one courthouse.



CEO. Enhancing Community-Based System of Care

Goal: Fostering more community-based opportunities for diversion and release is essential to safely depopulating the jail.

Barriers



Community Capacity

- No reports that can be readily generated to identify an individual's clinical needs.
- Reports require significant manual effort.



Warm Handoffs

- Unpredictable release dates affect the ability to secure individualized follow-up and treatment coordination.



Step-Down Capacity

- No singular system to identify the availability of beds in real time.



Expanding ODR Housing

- Without continued funding, new admissions will be limited to ~70/month, risking delays, fewer diversions, and growth in the number of people in jail with severe or acute mental illness.

Next Steps

1

Identifying Needed Community Capacity

Conduct manual chart reviews to assess the total care and services required, as well as the associated costs.

2

Step-Down Capacity

Identify ways to streamline the process to minimize time in custody once the legal process has identified an individual as ready for release.

3

Enhancing Warm Handoffs

Improve understanding of release planning processes and identify opportunities to improve post-release connections to care.

4

Expanding ODR

Assess budget impacts on ODR Housing and expand reach across jail population.

1,000 new ODR housing slots (\$186M over 4 years) are needed to continue diversion for P3/P4 clients and expand eligibility to P2s — the largest group in mental health housing.

In Aug. 2025, 78% of the jail population did not have a release date. This makes it challenging to create a concrete release plan.

Facilities

Goal: Develop a current understanding operational considerations and impacts of demolishing Men's Central Jail

Facilities

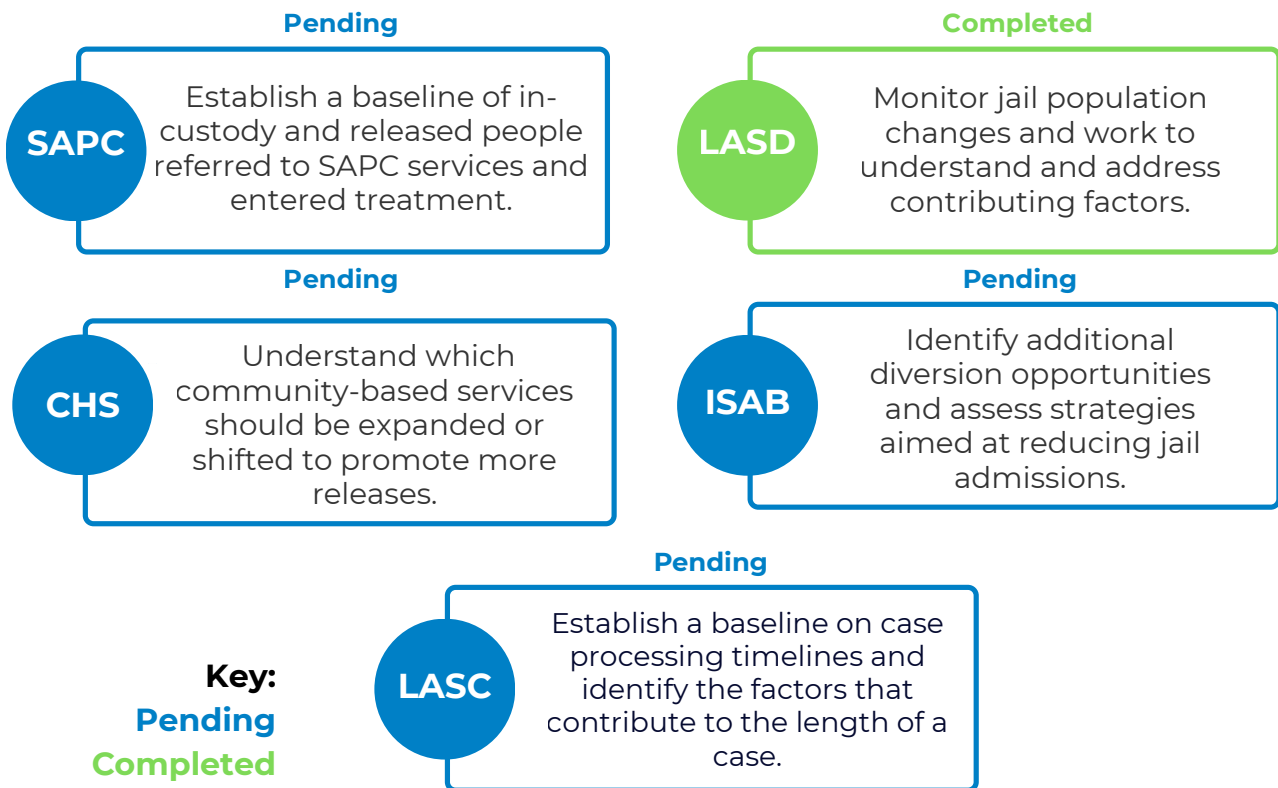
- CSIT is working with departments to assess the operational impacts of demolishing Men's Central Jail (MCJ), including the relocation of individuals and systemwide functions, and the infrastructure needed to maintain continuous jail operations.
- The matrix will be used for program planning purposes and will allow for the development of multiple scenarios and an understanding of the needs and impact of closing MCJ, including the relocation of individuals and systemwide functions, and the infrastructure needed to maintain continuous jail operations.

Next Steps

Next steps for refining and validating the information in the matrix include engaging in discussions with LASD and other stakeholders, including health and justice partners.

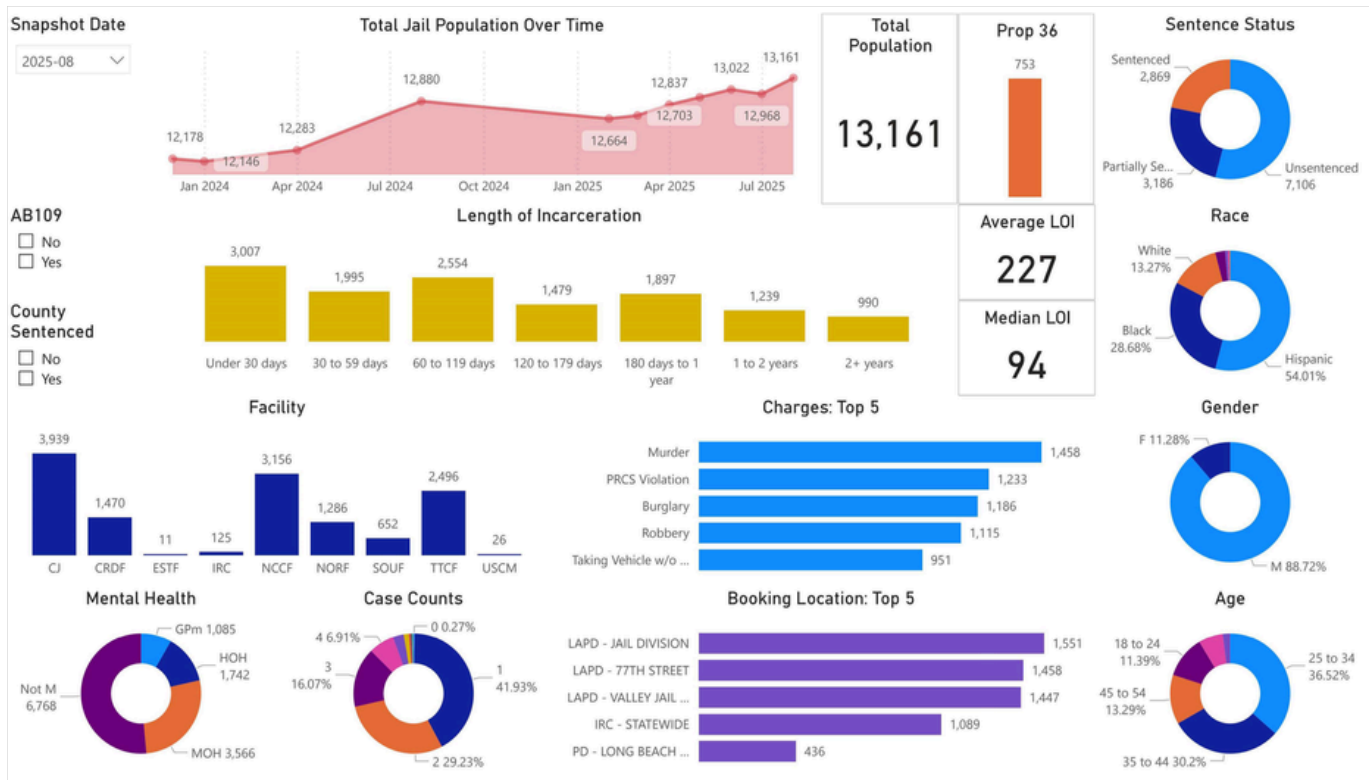
Data Resources

Goal: CSIT is working closely with the Chief Information Office (CIO) to match data, e.g., jail, court, and behavioral health, to facilitate data-informed decision-making:



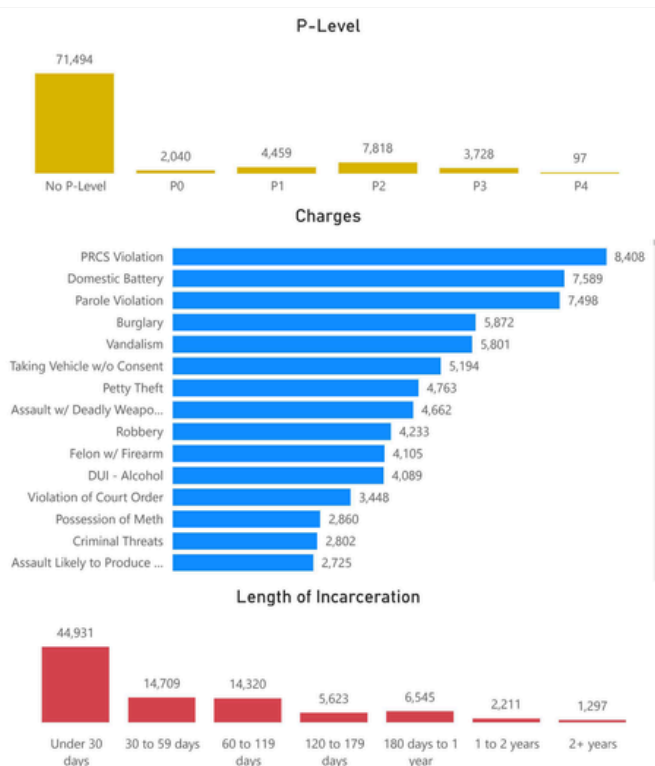
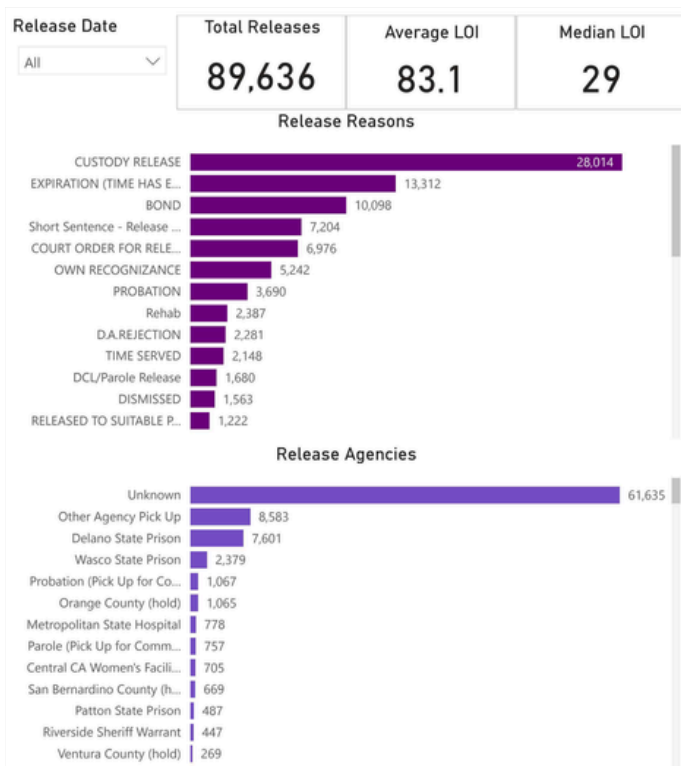
CSIT Dashboard: Snapshot

- **Provides point-in-time data** made available to CSIT by LASD, with an operational focus on giving more detail on the current jail population.
- **Updated monthly** with individual-level characteristics of the jail population, among others:
 - Age
 - Race and/or ethnicity
 - Charges
 - Specialty Mental Health Housing status (e.g., MOH and HOH)
 - Gender
 - Sentence Status



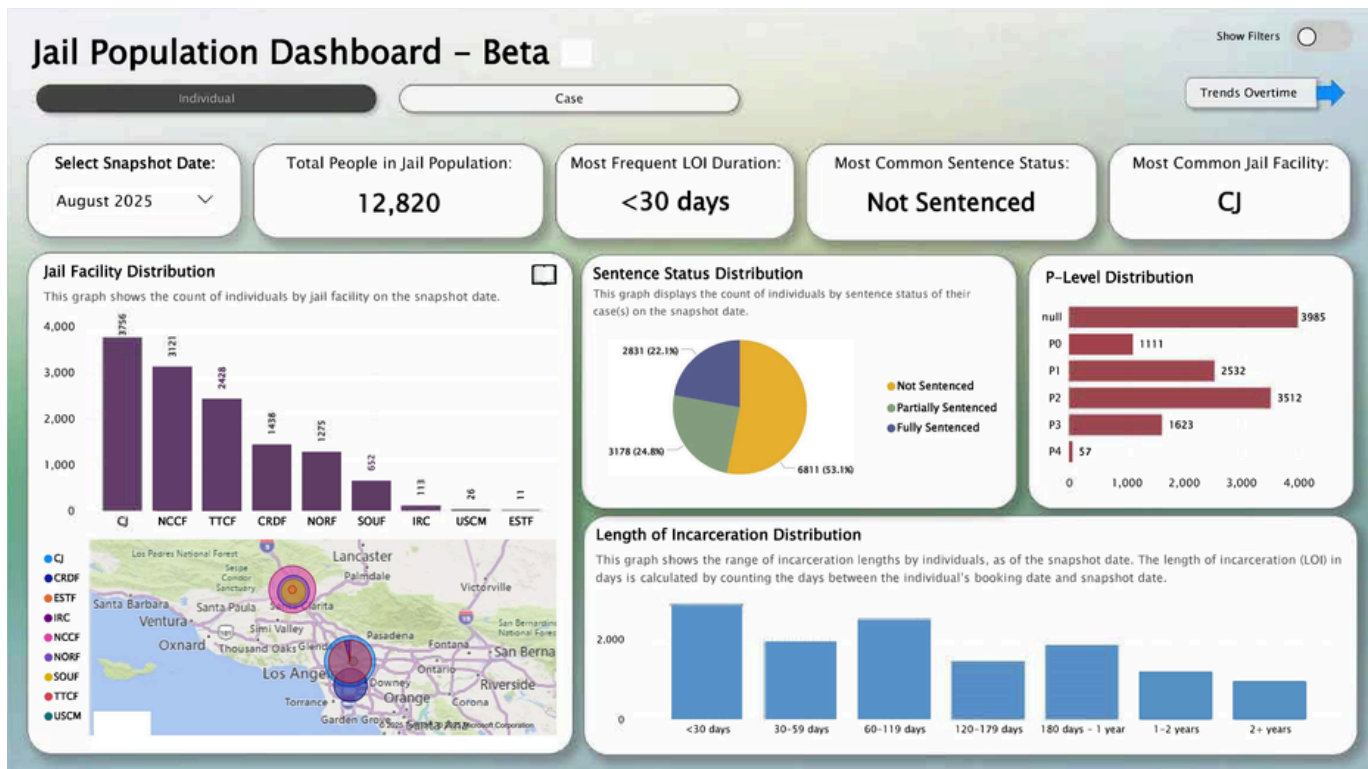
CSIT Dashboard: Releases

- **Provides release data** with additional elements detailing the release reason, any release agencies associated with those releases and similar individual-level characteristics as provided in the 'snapshot'.
- **Currently updated with 1-month retrospective releases**, which allows for capturing average lengths of stay, a vital input to calculating any impacts of depopulation strategies on the jail population.



CIO Dashboard: Jail Population

- **Public dashboard** displaying LASD data with a focus on providing a general overview of the jail population and their demographics. CSIT also receives this data for its analysis.
- **Updated monthly** and will have both refinements and changes to what information is displayed as part of the feedback loop with stakeholders.



Los Angeles County Justice Data Center

Operated by the Los Angeles County Chief Information Office - Analytics Center of Excellence (CIO-ACE) ([LINK](#))

Next Steps

Our goal is to make progress in the following areas by the next Report Back:

- 1 Gather data to complete Component #2 of the Base Population Projection.
- 2 Continue to gather feasibility data and model the projected impact of expanding deflection and diversion from jail custody.
- 3 Continue to analyze data and conduct case reviews to support early release, case disposition, and service navigation
- 4 Continue medical record reviews and data integration to determine capacity needs and identify bottlenecks.
- 5 Continue to identify the impact of budget curtailments as well as legislative and policy changes on CSIT's mission.
- 6 Incorporate final GRAC recommendations, which are expected in late 2025, in future CSIT Reports.
- 7 Onboard two FUSE fellows whose respective focuses will be Systems of Care and Facilities.
- 8 Work with CUNY Institute for State & Local Governance (ISLG) to draft the Jail Closure Framework.

Contents (By Heading):

1. Jail Closure Framework

- A. Base Population Projection
- B. Area of Focus: Preventing New Inflow
- C. Area of Focus: Shortening Length of Stay
- D. Area of Focus: Enhancing Community Based System of Care
- E. Area of Focus: Facilities

2. Barriers

3. Policy Impacts

1. JAIL CLOSURE FRAMEWORK

As a strategic document, the framework will identify what needs to be done, outline specific actions, assign responsibilities to the appropriate stakeholders, provide estimates of associated costs, and provide the time required for the implementation of proposed strategies.

Once complete and approved by your Board, the framework will serve as the foundation for an actionable implementation plan. The implementation plan will be a practical, action-oriented guide for the execution phase.

The Community Safety Implementation Team's progress in areas of the framework, as well as barriers affecting this work, are summarized below.

A. BASE POPULATION PROJECTION

To develop a plan to close Men's Central Jail (MCJ), CSIT is updating the County's 2021 jail population projection, which includes two components:

1. Baseline projection: estimates the size of the jail population over the next five (5) years under current demographic trends and criminal justice policies; and
2. Population Projection: estimates the impact of proposed reforms implemented over the 5-year period.

Why This Matters

Projecting the population five years into the future is critical to the development of a solid plan to close MCJ. The projection will include annual milestones that will allow us to measure progress and adjust throughout the closure progress.

Since criminal justice policy is dynamic and constantly in flux, projections are limited to five-years only. A further timeline and horizon would involve too many unknowns, require too many assumptions, thereby degrading the value of the forecast. Policy changes like Proposition 36, and events like COVID 19, make it impossible to accurately predict the future jail population.

Projection Methods



The two key variables that drive a jail population are the number of admissions and the length of stay (LOS).

Specifically, the projection includes aggregate data that consists of the County's demographic trends, reported crime rates and arrest rates that can impact jail admissions. Individual data are captured from three perspectives - jail admissions (the past 12 months), the current jail population (a snapshot data file) and jail releases (the past 15 months).

Factors Impacting Future Jail Population

The first task in developing a baseline projection is to estimate future jail admissions. There are three key trends to pay attention to in making such an estimate: projected County population growth for those at greatest risk to be booked into jail, reported crime, and adult arrests.

Base Population Projection

CSIT has completed an initial baseline projection, and the jail population is estimated to rise to approximately 14,500 people by 2031 if all current conditions remain the same.

The base population projected conducted in 2021 found that the jail population would be approximately 12,700 by 2025. The current jail population is approximately 13,500. If we subtract the number of people being held on Prop 36 charges, approximately 930 people as of October 2nd, the jail population would be approximately 12,570, which is in line with the 2021 projection.

CSIT will continue to monitor these factors that drive the projection and provide updates going forward.

Next Steps

CSIT is developing a projection to estimate the jail population if specific, proposed depopulation reforms are implemented. Proposed reforms that need to be implemented to close MCJ under the current directive include:

- Expediting Case Processing
- Expanding Mental Health Beds and Services
- Expanding Alternatives to Incarceration (ATI) and Diversion programs
- Reducing of the Parole and Probation Violation Population

The Average Daily Population (ADP) of the jail is the measurement through which we evaluate the impact of the proposed reforms on the number of people in jail over time. ADP is calculated by multiplying [the number of individuals released from the jail] by [the average length of stay for those individuals] and then divided by [the number of days over which those releases took place].

These reforms would need to consist of new actions from CSIT partners — and are based on the ability of CSIT partners to go above and beyond their current strategies and practices. For example, the Office of Diversion and Reentry (ODR) expanding their services to people with a P2 designation (moderate mental illness), which represent the largest group in mental health housing in jail and are generally not considered for ODR at the point of referral.

B. AREA OF FOCUS: PREVENTING IN-FLOW INTO THE COUNTY JAIL

(LEVER 1)


Goal: CSIT’s work in this area is focused on reducing the number of individuals entering County jail custody and, where appropriate, linking them to community-based services. While this strategy is not new, it is essential to jail closure.

- 1. Increase opportunities for deflection for people with low level offenses and substance-use disorder** (e.g., Office of Diversion and Reentry (ODR) Law Enforcement Assisted Diversion (LEAD); Long Beach LEAD; Justice, Care, and Opportunities (JCOD) Prefiling Diversion, and Los Angeles Sheriff’s Department (LASD) Intake Booking Diversion).

What is Happening:

CSIT’s preliminary analysis from January 2025 through July 2025 revealed that **1,180 individuals were released from jail who were charged with solely non-violent, drug-related charges**. Based on these charges alone, some of these individuals may have been eligible for deflection or diversion — demonstrating a potential opportunity to serve more people through these programs.

Additionally, the approximate length of stay (LOS) for these individuals was 28.5 days. The average daily population (ADP) for this group was 180 people.

 *If the average length of stay (LOS) for the group with non-violent, drug-related charges was reduced to 10 days, the ADP would drop from 180 to approximately 66 people.*

The County has two types of programs that identify candidates for mental health, substance use, or housing programs at the point of arrest (i.e. deflection or diversion).

- **Pre-booking deflection programs** (e.g., ODR-LEAD; and Long Beach LEAD, which aim to connect people accused of certain offenses to services before they are formally booked instead of being arrested.
- **Booking diversion programs** (e.g., JCOD Prefiling Diversion Program and LASD Intake Booking Diversion (IBD) pilot), which intercept people during the booking process and connect them to treatment. In some cases, no charges are filed upon successful completion of the program.

Referrals and enrollment into these programs occur through multiple channels. These include:

- direct engagement by law enforcement responding to calls for service,
- encounters by officers during patrol with individuals in public experiencing behavioral health issues,
- requests from elected officials’ offices, and

- referrals made by the public, along with case managers receiving warm handoffs from law enforcement via a mobile application.
- Other referral and enrollment pathways occur during jail intake, where eligible individuals could be diverted from custody and connected to community-based services to help reduce the number of people booked into jail.

Why is it happening:

While these programs support deflecting and diverting people away from jail custody, they face barriers that limit their enrollment and reach:

- Some low-level offenses (e.g., low-level felonies, warrants) fall outside program eligibility, leaving individuals who could benefit from services instead of jail custody.
- Variations in eligibility criteria mean that not everyone eligible for these programs gets an opportunity to participate because the rules are different.
- The programs do not operate Countywide and are active in only certain police stations (e.g. Prefiling Diversion operates at three of twenty booking stations, and IBD when it was active, operated at six out of twenty-four booking stations); therefore, people are only able to access the programs if they are arrested in the areas where programs exist.
- There are not enough staff devoted to this work which limits the ability to serve all eligible individuals.
- Funding challenges: For example, Intake Booking Diversion, a pre-booking program and partnership between LASD and the Department of Mental Health (DMH), ended on January 1, 2025, due to lack of sustainable funding. Intake Booking Diversion diverted people away from jail custody during the early stages of booking.

The constraints make it harder for more people to participate and therefore limit the program’s potential to reduce jail admissions.

What we’ll do next:

To address these gaps, we are working closely with County departments to better identify opportunities for the programs to reach more individuals and project the costs of program expansion.

One potential strategy we are exploring is the feasibility of a standardized Countywide process for screening people who enter the jail but could be appropriately served in treatment and community-based services instead.

C. AREA OF FOCUS: SHORTENING LENGTH OF STAY **(LEVER 2)**

Goal: Decrease the amount of time it takes from case initiation to case disposition for individuals in custody.

1. Resolve cases in a shorter timeframe during the pretrial stage of the court process.

What is happening:

As of August 19, 2025, CSIT’s review of jail data revealed that more than 2,229 people have been in LA County jail custody for more than one (1) year. Critically, **the vast majority (1,963) of those individuals have at least one case that remains unresolved**, placing them outside the standard timeframe for resolving non-capital felony cases in California.¹ Individuals with unresolved cases after more than a year account for about 15 percent of the overall jail population; almost half of those (920 individuals) have had cases unresolved for more than two years.

As of August 27, 2025, there were 10,292 individuals with at least one unresolved criminal case holding them in LA County Jail.

Opportunity to reduce average length of stay by addressing unresolved cases

% of total jail population (👤 = 1 percentage point)



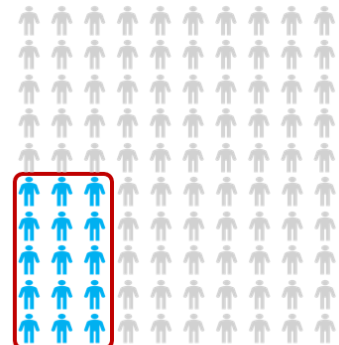
79%

of the overall jail population (10,292) have at least one unresolved criminal case holding them in LA County jail



17%

(2,229 individuals) have been in LA County jail custody for more than one year



15%

(1,963 individuals) have an unresolved case and have been in custody for more than one year

SOURCE: CSIT review of jail data, as of August 2025

¹ California Rules of Court and Standards of Judicial Administration establish that except in cases where the prosecution seeks the death penalty, felonies should be resolved within one year of arraignment. The standards also establish that 90 percent of these cases should complete the preliminary hearing within 30 days of arraignment, and 100 percent within 90 days.

Why is it happening:

Currently, there is no centralized or automated way to quickly pull and analyze case-level data and determine roadblocks to reaching dispositions. To determine the reasons cases have aged, CSIT is working with justice partners to leverage existing data and combine information from various sources to paint a clearer picture of case processing trends.


Defense and prosecution partners conducted surveys from June through August of this year and reviewed a sample of actual cases that have been open for more than three years.

The results of these surveys and reviews are summarized below.

a. Appointment of Behavioral Health Experts Adds More Than 6-8 Weeks to Case Processing

To be eligible for mental health diversion, the defense must first establish that the accused suffers from a specified mental disorder and that the disorder was a significant factor in the commission of the charged offense. Currently, defenders must receive court approval to retain a court-approved mental health expert to evaluate individuals' mental health conditions as part of the legal case disposition, including mental health diversion.

As per reports by Public Defender offices (Public Defender (PD), Alternate Public Defender (APD), and Independent Defense Counsel Office (IDCO) in survey results from June through August of this year:

 *Obtaining an expert opinion regarding a mental health condition for potential diversion adds a minimum of six to eight weeks of delay to the criminal case process for individuals in custody, and sometimes as long as six months.*

Data obtained from LASD suggests that individuals in specialty mental health housing, for individuals classified as P2 (moderate mental illness) and P3 (severe mental illness), who obtained a release to treatment in 2025 did so, on average, four months after arraignment. People with a P2 designation (moderate mental illness) represent the largest group in mental health housing in jail, typically in MOH housing.

Defense attorneys have also reported that mental health experts on the approved Professional Appointee Court Expenditure program (PACE) list have waitlists, often as long as six to nine months.

Defense offices report that experts encounter the same challenges with visiting clients in custody, which is described in more detail below. It is critical for mental health experts to conduct personal evaluations with defendants before drafting their reports. Delays caused by an inability to schedule or complete visits lengthen the time it takes to complete this step in the case.

b. Attorney and Professional Visiting in Jail Facilities

The public defender offices report that they are unable to visit their clients in jail as reliably or efficiently as needed between court dates. Defense attorneys report that when they attempt to visit their clients in jail between court appearances, they must sometimes wait hours for the client to be escorted to the visiting area or cannot visit at all due to facility visiting closures. This reportedly leads to them requesting a continuance² to allow more time to confer with their clients. They report that the same outcome occurs when they are unable to visit their clients via video.

Attorney surveys conducted by partners in March of 2025 identified “Lockdowns” in jail facilities as a barrier to attorney and professional visiting for the following reasons:

- Depending on the severity of lockdown, some clients may not be brought to scheduled attorney visits.
- LASD staffing: At times, the same LASD Custody staff who would escort the client to the visiting area are occupied because they are responding to the incident necessitating the lockdown.
- Some lockdowns take place due to unexpected security conditions in the jails, but others are routine and take place during regular “count” times when all people in custody must be accounted for (generally corresponding to custody shift changes).

After meeting with justice partners in the Case Processing Workgroup, LASD updated their professional visiting webpage to include information on “count” related lockdowns in order to assist attorneys in planning visit times to avoid delays.

c. Issues with Conducting Attorney and Professional Jail Visits via Video


The PD’s and APD’s (but not IDCO attorneys – a critical gap) can schedule video visits with their clients via Justice Video Conferencing Scheduling System (JVCSS), but appointments are often missed. JVCSS requires appointments to be scheduled at least two days in advance, but by the time of the appointment, the person in custody is often moved to a different location in the jail. JVCSS is not integrated with the LASD Automated Justice Information System, so the scheduling system does not know when a person in custody has been moved. The attorney only finds out when they sign onto the video and their client is not on the other line. When the video appointment is missed, a new appointment is not available for at least 24 hours, and the attorney may request a continuance or attempt to confer with their client in the courtroom instead.

In June 2025, the LA County Information Systems Advisory Board issued a letter to the Board of Supervisors notifying them of their intent to request that the Internal Services Department execute an Enterprise Services Master Agreement to develop and implement an integrated JVCSS application to address this problem. The contract was signed on June 18, 2025, and the project completion timeline is approximately 18-24 months.

² A continuance, the mechanism by which a case hearing is delayed or postponed must be 1) requested by a party and 2) approved by the judge.

d. Locating and Accessing Treatment Beds and Services for Disposition of Legal Cases

Attorneys who seek to settle cases for community treatment rather than jail (including mental health diversion under penal code section 1001.36 or probationary dispositions with a treatment component) must identify the type of treatment that is clinically appropriate for their clients and acceptable to the Court and/or prosecution, including searching for the appropriate program for their clients and coordinating with the program to ensure their client can be placed there if the Court approves their release. Attorneys report that this process generally adds at least one to three months to the case process timeline.

 *Attorneys report that they lack the support needed to efficiently identify treatment beds or services that match a client's needs, as well as coordinate case management and progress reports to provide updates for court-ordered programs.*

The PD and APD employ a limited number of psychiatric social workers who have the professional training needed to provide navigation and to connect clients to available and appropriate treatment beds. However, attorneys report that these social workers tend to have long waitlists of attorneys seeking navigation assistance, and they also support attorneys in many other aspects of their practice, particularly mitigation work for capital cases. Attorneys representing the indigent via Independent Defense Counsel Office do not have in-house social work staff, so they seek the appointment of psychiatric social workers through the PACE process, which is detailed above. As noted above, the process of appointing experts for indigent defendants on a case by case basis frequently adds time to the criminal case process and lengthens the wait of the individual in jail.

Attorneys report that locating a treatment provider that will meet the approval of the judge considering a request for diversion or treatment requires substantial time and, as a result, they must often file multiple motions to continue before identifying an appropriate provider.

e. Electronic Evidence

Both prosecution and defense attorneys experience case delays due to the expanding amount of electronic discovery evidence. Police encounters related to a case, ranging from routine dispatch calls to searches, and reported incidents, may be recorded on one or more police officers' body worn video. Additionally, attorneys must check for the existence of other video evidence such as home surveillance systems, dashboard cameras, cell phones, and social media.


Justice partners report that the sheer volume of electronic material generated for each case takes hours for both the defense and prosecution to review. When additional evidence is received, either party may request more time — typically through a court continuance — further extending the length of the case.

What we'll do next:

To reduce length of stay, CSIT is working closely with justice partners towards specific actions including the following:

2. Decrease the Number of Unsentenced Individuals in Custody for More than One Year

Regular Review of Old Cases

 *Reducing LOS for people in jail more than one year by 60 days through case processing reforms can reduce the ADP of that group by approximately 366 people, but it will take time to achieve that result.*

Since July 2025, CSIT has been collaborating with partners in the Los Angeles Superior Court (LASC), the Office of the District Attorney (DA), the Public Defender (PD), the Alternate Public Defender (APD), and Independent Defense Counsel Office (IDCO) to identify cases that have been pending for more than one year where the litigant is in custody.

Each partner department now reviews these case lists independently with the goal of swiftly reaching an appropriate case resolution. Additionally, each department conducts reviews of each list of cases at the courthouse level, where Head Deputies work to resolve issues or support staff as needed to ensure cases are resolved in a timely and just manner agreed upon by the parties.

Additionally, on August 12, 2025, District Attorney Nathan Hochman issued a Special Directive encouraging deputy district attorneys to make every effort to bring cases to resolution as soon as possible — and more specifically, to avoid continuing cases where possible so that cases continue more swiftly toward a resolution.

Data Monitoring and Reporting

CSIT now monitors jail data and provides it to partner departments, broken down by courthouse, to help quantify the impact of these efforts. CSIT and each of the partners meet every four to six weeks to capture any additional actions being taken to reduce the list of individuals awaiting disposition for more than two years in custody.

CSIT is working with the justice partners to determine why some courts have a lower number of old cases relative to their filing rate in order to identify factors that lead to more efficient case processing. For example, the court location with the largest number of open cases over two years old is Clara Shortridge Foltz Criminal Justice Center (downtown). This is unsurprising given that this location has the most courtrooms and highest number of annual criminal filings. However, CSIT has discovered that some locations with a lower rate of criminal filings nevertheless have a disproportionate

number of excessively old cases, and others have fewer relative to their overall filing rate.

Expert Appointments

The Chief Executive Office initiated a Professional Appointee Court Expenditure program (PACE) Work Group to facilitate discussion from impacted County departmental stakeholders and the Courts, to assess the current process and develop longer-term reform options related to the system for appointing and compensating expert witnesses retained by indigent defenders. The group consists of representatives from the LA Superior Court, Public Defender, Alternate Public Defender, and Independent Defense Counsel Office. The initial task of the group consists of assessing the current process and development of possible future options, including pros and cons for each option, with the goal of reducing the procedural steps and time required to appoint expert witnesses, improving case processing time, and better aligning fiscal and case management oversight with the legal representation function. Next steps may include a landscape analysis to develop a listing of how other Counties address similar issues, including the needs and challenges of the LA County expert appointment process and on how to develop recommendations for a new model to streamline the process and reduce wait times.

Pilots for Early Assessment and Linkage

The Public Defender and Alternate Public Defender are piloting a model of early assessment and linkage to help shorten the time from arraignment to treatment release in appropriate cases. This will be done by leveraging social workers support to produce necessary reports and assist with navigation. CSIT will monitor the success of this promising endeavor and explore potential future funding sources.

3. Increase the number of early releases

What is happening:

On October 1, 2023, the Los Angeles Superior Court implemented Pre-Arraignment Release Protocols (PARP) to replace uniform misdemeanor and felony money bail schedules for arrestees before arraignment. Under PARP, crimes are classified as Cite and Release (CR), Book and Release, or Magistrate Review (MR). The former two categories consist of non-violent, non-serious offenses and result in an automatic release before arraignment. MR crimes originally consisted exclusively of more serious crimes involving violence or public safety concerns, but since the passage of Proposition 36, petty theft with priors and possession of hard drugs with priors also require magistrate review.

Magistrates review a public safety risk assessment for each individual arrested for an MR offense and decide whether to release the individual or order them held in custody prior to arraignment. To date, the magistrates release fewer than 10 percent of the arrestees they review.

Prosecutors make plea offers on an ad hoc basis and there is no centralized review of offers by court location, and no policy of making or conveying offers at arraignment. Moreover, each courthouse has a different workflow.

In the downtown criminal court, there was an Early Disposition Program (EDP) court that was intended to facilitate early resolution of cases that were unlikely to go to trial. From January through March of 2025, CSIT facilitated a deep dive into the efficacy of the program. Analysis of court data and surveys conducted by Public Defender revealed that the disposition rate of the EDP court was less than 30 percent. Moreover, most of the cases sent to EDP involved clients who were not in custody. In other words, the EDP court was not functioning as originally intended — to increase early release and disposition for individuals in LA County Jail.

Why it is happening:

Arraignments are typically held in high-volume specialty courtrooms, usually staffed by attorneys from the prosecution and indigent defense agencies who only handle the first court appearance on each case. After the arraignment, cases are assigned to individual defense attorneys for preliminary hearing (in the case of a felony) or pretrial hearings (in the case of a misdemeanor). District attorneys are assigned after arraignment as well, and in many locations a dedicated trial prosecutor is not assigned until pretrial litigation is completed.

Attorneys (both defense and prosecution) have expressed difficulty in identifying and communicating with the assigned attorney after arraignment and before the preliminary hearing. Early communication is critical for exchange of discovery (evidence), settlement negotiations, and early disposition.

What We Will Do Next:

4. Facilitate Earlier Releases for People in Custody for Less than One Year

5. Reducing the LOS for people released who served less than one year in jail by 14 days would reduce the ADP of that population by approximately 26 percent (ADP was 8060 for that group for first seven months of this year).

Pilot to Facilitate Early Release and Disposition

CSIT established pilot a process in September 2025 with justice partners (District Attorney (DA), PA, APD, and IDCO) to facilitate releases of people earlier on in the process, especially where an individual in custody is likely to be released to the community without being sentenced to serve time in jail.

This process would:

- Identify cases at arraignment where there is no objection to mental health diversion or treatment disposition, rather than waiting until later in the litigation process.
- Make offers with input from justice partner department leadership in each courthouse early in the life of the case.
- Involve the leadership of the prosecutor's and defender's office at the courthouse to seek agreement for safe and appropriate release options.
- Where there is no objection to mental health diversion, the defense team will work to locate appropriate treatment options earlier in the case — potentially within the first 30 days of the case.
- The parties may agree to a community-based placement immediately so that the defendant can litigate a formal diversion motion while in the community rather than in jail.

While this process is initially pilot at one courthouse, CSIT will collaborate with partners to synthesize the practices that support early release and disposition, with the goal of expanding to other courthouses.

D. AREA OF FOCUS: ENHANCING COMMUNITY BASED SYSTEM OF CARE

(LEVER 3)

Goal: Determine how many beds/services are needed to depopulate the jail and identify the timeline and cost (i.e. staffing, rent, construction) for expansion.

1. Determining Appropriate Community Capacity

What is happening:

CSIT and County partners continue to attempt to identify the number of treatment beds and services at each level of care that aligns with the needs of the jail population and will ensure a safe and timely outflow from the jail to help facilitate MCJ closure.

We are also trying to identify what services people are receiving upon release. The release data that CSIT receives from LASD includes two elements: the release reason, which identifies the type of release, and the release agency, which specifies the agency or entity responsible for the release. However, only Custody Releases — transfers from the Sheriff's custody to another custodial entity, such as another county sheriff's department — include an agency value that indicates the jurisdiction to which an individual is released. The releases of interest to CSIT are the non-custody release reasons — releases to non-custodial settings, including treatment facilities and community-based organizations — which, unfortunately, do not include information about where or to which agencies individuals are admitted post-release.

All individuals classified as P3s and P4s receive mental health evaluation for the need for a 5150 hold by a Correctional Health Services (CHS) clinician at time of discharge. This evaluation may also include information about discharge destination which is captured in narrative form in a progress note.

DPH-SAPC is able to provide the number of individuals who are justice-involved who receive services. However, this does not capture the number of individuals who directly go from custody into treatment services.

DMH is in the process of standardizing referrals through its Service Request Tracking System (SRTS) system, which will then be able to provide data on the number of individuals going directly into DMH's care from custody.

Why is it happening:

Currently, there is not a single report — or set of reports — that can be readily generated based on existing CHS, DHS, DMH, DPH-SAPC, and community-partner workflows to identify an individual’s clinical and/or housing needs at the time of release, or those services that an individual receives after release. It is not currently possible to track this in an automated manner. To generate such a report would require considerable time and manual effort to identify trends in the level of care needed.

Thus, to provide a complete picture of where individuals currently land, data must be combined from DHS, DMH, DPH-SAPC and community partners to understand what services and level of care individuals are admitted to when released from jail. Currently, as described above, DMH and DPH-SAPC do not have dedicated tracking process for individuals leaving custody and entering their contracted treatment services. To create such a process would require a significant workflow change for some County Departments that would come at a great cost in terms of staffing, data systems, and workflow changes; training for staff on these changes; and possibly negotiations with labor. Even if the resources were available for such changes, those changes must be harmonized and should not compromise related efforts of County departments, including efforts to provide release planning services for certain individuals with severe mental illness as required by the settlement agreement with the U.S. Department of Justice (USDOJ), and efforts to implement California Advancing and Innovating Medi-Cal (CalAIM). CalAIM, a California Medi-Cal program, allows for critical pre-release services for incarcerated people up to 90 days prior to their release. Notably, these efforts are still likely to be significantly impacted by the unpredictability of release dates for most of the County jail population, who are pretrial and litigating criminal cases with uncertain outcomes, and are often released before release planning can be completed.

These factors do not yet allow CSIT to confidently make recommendations on the specific type of beds and services are needed and at what level.

What we’ll do next:

CSIT has been meeting with the departments to identify ways to better communicate the services that are needed and are being accessed upon release. CSIT is working with CHS, DMH, and DPH-SAPC to conduct manual chart reviews to assess the total care and services required, as well as the associated costs, to support the closure of MCJ. Understanding the actual need allows us to match community capacity with the needs of the jail population, which provides the right options for people, improves coordination to get them there, and ensures safe and timely releases from jail.

CSIT is also working with CIO and the departments to identify and integrate the available data on justice-involved people across departments to better identify, to the extent possible, the overall care that individuals are receiving throughout the system of care when they leave custody and re-enter the community.

2. Improving Warm Handoff and Post-Release Connections to Care

What is happening:

A clinical warm handoff occurs when the current clinical care team communicates directly with the receiving care team (community-based provider(s)) to share relevant clinical assessments and information to ensure a safe transition and continuity of care. Warm handoffs help ensure initial follow-up and connection into ongoing care for individuals leaving custody.

Warm handoffs are accomplished through coordinated (voluntary) releases as the end of a person's local jail sentence approaches, as well as through conditional (court-ordered) releases, where a judge releases a person only on condition that they participate in a designated treatment program as part of their case disposition.

For individuals released unexpectedly a clinical warm handoff is only possible if they:

- a. Agree to stay in custody longer; or
- b. Avail themselves of the resources in the Inmate Reception Center (IRC) lobby, including the CHS release window and JCOD Warm Landing Place.

As per the USDOJ Settlement Agreement, all individuals designated P3s and P4s are referred to Patient Reentry Case Management (PRCM) for release planning. P2s are screened for referrals. Any individual referred for or requesting release planning is also connected to PRCM. Individuals are referred for release planning if any staff interacting with the individual believe that they would benefit from release planning.

PRCM is required to meet with all individuals who are referred to create an initial release plan (IRP) within 10 days of receiving the referral. At the initial meeting with the individual, the PRCM release planner reviews a list of community resources available in the area where the individual will be released, discusses the information with the individual and places a copy of the IRP into their property. The release planner then develops a comprehensive release plan (CRP) and discusses it with the client, although certain domains of the CRP — including connections to housing, transportation to housing, setting of a mental health treatment appointment in the community, and providing medical records to the community mental health treatment provider — generally cannot be arranged unless an individual has a predicted release date. At any time, including prior to an initial meeting, individuals may be released or refuse to meet with the release planner.

In addition to this process, all individuals are given the option of delaying their release to obtain release planning services – including warm handoffs – but to date not a single individual has agreed. The County also provides post-release opportunities for service connections in the IRC lobby, including the JCOD Warm Landing Place (transportation, emergency housing, connection to services), the LASD Community Reentry and Resource Center (proof of incarceration, emergency shelter, courtesy phone calls, transportation), and the CHS Release Window (release planning for people with mental health diagnoses). Healthright 360 and Volunteers of America also have permanent locations

inside the IRC lobby to offer services to released individuals. These initiatives provide an added layer of opportunities for services, especially for those who are unexpectedly released.

CHS currently provides medical records to outside providers for those who have both Comprehensive Release Plans (CRPs) and Predicted Release Dates (PRDs). For those without PRDs, outside providers typically will not do an intake or accept medical records until the individual is released or has a PRD. When outside treatment teams connect with an individual, they can fill out a release of records request and send it to CHS to receive a copy of the clinical records.

Why is it happening:


For most individuals leaving jail, excluding those with conditional and coordinated releases, the issue of unpredictable release dates negatively impacts the ability to secure concrete, individualized follow up (such as placement and/or an outpatient appointment) and thus, a subsequent warm handoff.

 *In August 2025, 78 percent of the jail population was unsentenced or partially sentenced and thus did not have a release date.*

The majority of individuals released back to the community do not have a PRD and are unexpectedly released, usually the result of a disposition in court (a time served offer conveyed during a hearing, a motion granted, or a case dismissed), as well as other reasons, including, but not limited to: bail/bond and early release by the sheriff's department based on overall jail population. The County cannot hold an incarcerated person after release against their will, including to facilitate either release planning or a warm handoff.

The uncertainty of the release date makes it challenging for the PRCM team to create a concrete release plan that identifies to whom a warm handoff should be given to for three reasons.

- a. Community-based facilities will not guarantee an individual a placement or appointment until there is a firm release date (the facilities do not hold beds indefinitely as they are also taking requests from the broader system of care);
- b. The lack of advance notice (often fewer than six hours) makes it difficult for PRCM to be notified of the release in a timely manner and meet with the individual prior to release; and
- c. Even if PRCM can meet with the individual, securing a clinically appropriate placement in this extremely limited timeframe is inherently difficult. PRCM has recently started a pilot to make a release planner available on short notice if an individual being released wishes to meet with them. To date, no individuals have agreed to participate in this process.


 *Currently, even if PRCM were notified in a timely manner of release dates, there is no process in place with community partners to perform a warm handoff for those who do not have guaranteed placements.*

Understandably, community partners do not wish to be overwhelmed by information, including medical records, of individuals whom they do not end up serving/have no relationship with, as this would make them responsible for preserving and disposing of that information in accordance with federal and state law.

Community partners do not generally connect with individuals pre-release as in-custody contact poses significant logistical and safety challenges for LASD.

What we'll do next:

We are partnering with the CEO's California Advancing and Innovating Medi-Cal (CalAIM) Implementation Team to learn more about the processes being developed and to identify opportunities for post-release connections to care. CalAIM, a California Medi-Cal program, allows for critical pre-release services for incarcerated people up to 90 days prior to their release. The aim is that implementation of CalAIM will facilitate additional warm handoffs; however, the same issue of a lack of projected release dates will continue to be a significant barrier to warm handoffs in the implementation of CalAIM.

 *CalAIM does not reimburse for services until 90 days prior to release – which also creates the need for a PRD – and CalAIM may not reimburse for the full cost of release planning services.*

Support for release planning from CalAIM could expand the population that receives release planning and a warm handoff as the CalAIM process focuses on facilitating the assignment, connection to, and in-reach by community-based organizations prior to release. If effective at increasing warm handoffs, even for those without PRDs, this could improve connections to care and warm handoffs for all eligible individuals and thereby lead to improved continuity of care and prevent adverse outcomes as more individuals would be successfully connected to and remain in care, thereby decreasing recidivism and lowering the jail population.

3. Step-Down Treatment Capacity

What is happening:

Currently, there is no singular system to identify available treatment beds in real time.

Improved coordination and additional system capacity would support timely transition to lower levels of care. Currently, when someone is clinically ready to step down to a lower level of care, their information is shared with potential accepting facilities. The individual will remain at their current level of care until there is an accepting facility and the payor (insurer) authorizes the placement.

The 2019 LA Health Agency Countywide Mental Health and Substance Use Disorder Needs Assessment stated the County lacked sufficient acute care hospital, subacute, and Enriched Residential Services (ERS) beds but did not analyze the need for Enriched Residential Care (ERC) beds, Full-Service Partnership (FSP) slots, residential treatment for those with co-occurring disorders and other levels of care. There have been several

other reports that have since looked at beds, and the current 2024 Health Management Associates (HMA) Mental Health Resources Planning (Tables 14-16) report takes these into consideration and lays out an estimated number of subacute, ERS, ERC, and housing beds needed across the continuum of care.

The County's recent consolidated bed reports from August 2025 shows that, overall, the relevant Departments successfully utilized contracted providers to ensure that there are sufficient crisis stabilization unit slots and crisis residential treatment program slots to meet the current need. Per the report projections, there is a forecasted need in this fiscal year for more specialized inpatient, subacute and ERS treatment beds. Based on the report, DMH has a plan to ensure that through the ongoing development of treatment slots the County will have sufficient resources to meet the forecasted need.

This report did not address FSP or ERC, as FSP is an intensive outpatient service and ERC is housing. Our conversations with departments also support the need for more FSP capacity in the future to accommodate increasing demand. The implementation of the Behavioral Health Services Act (BHSA) will provide opportunities to expand FSP capacity, including programs targeted for individuals with justice involvement who meet eligibility for DMH's services.

With the continued expansion of the County's continuum of care, people will more easily move to the least restrictive placement that is clinically appropriate to meet their needs.

Why is it happening:

There has been an increase in demand for behavioral health services and housing at all levels. This is due, in part, to legislation to expand diversion opportunities that has required the County to expand programs providing mental health services to those eligible for diversion.

The system of care is complex, with both DMH and DPH-SAPC contracting for much of their treatment capacity. DMH is in the process of implementing a universal referral intake system. DPH-SAPC has both a universal intake system and the Service Bed Availability Tool (SBAT) system, which shows close to real-time availability of resources. However, most, if not all, contracted providers are also contracted with other payors for care. Thus, even with universal intake and centralized capacity tracking, there are still both logistical/operational pieces, as well as clinical review, that take time while availability continues change. This makes overall treatment capacity (bed/treatment slot count) an important but incomplete characterization of the availability at any given time for a specific individual who needs to transition to a lower level of care.

What we'll do next:

Now that the Departments have made a concerted effort to streamline reporting on Behavioral Health treatment beds (Consolidated Bed Report), CSIT can review the reports that are published and continue to partner with the Health Departments to understand how the data intersects with CSIT's mission.

Additionally, CSIT is partnering with Departments to better understand how other metrics can best be captured, reported, and used to guide ongoing efforts supporting the closure of MCJ.

Finally, CSIT is also working with the Departments to better understand if there are ways to streamline the process to minimize time in custody once the legal process has identified an individual as ready for release.

4. Expand ODR to Serve More P3/P4 and Expand to P2

What is happening:

Referrals to ODR are initiated by defense attorneys for incarcerated clients charged with diversion-eligible felonies. The PD, APD and IDCO are alerted to potentially eligible clients in the jail by ODR. Attorneys then work with their clients to determine whether to refer their client to ODR. ODR conducts a screening and evaluation and if appropriate, drafts an affidavit attesting to the court that the client meets the requirements of PC 1001.36, or may be an appropriate candidate for post-plea diversion via probation, and that ODR is prepared to treat the client in the community.

Whether a defendant is found suitable for diversion is an individualized decision made by judges after a hearing and is not within County control. If diversion is granted, the court orders that the client be conditionally released to ODR for treatment and housing. If diversion is denied, the client's case is returned to their original court where they would continue to litigate their criminal case.

ODR is on track to meet its current ramp-up goals in early 2026, serving approximately 4,900 individuals across all its jail-based diversion programs at any given time.

However, at that time, in early 2026, based on current funding, ODR projects it will also reach enrollment capacity of 3,615, available P3 and P4 housing slots, within the ODR Housing program.

At that point, new clients would only be admitted at the rate existing clients leave the program, which is approximately 70 per month at full capacity (roughly 2 percent of total slots). This means that the County potentially faces fewer diversions into this program—and longer wait times, as well as growth in the number of people in the jail with severe or acute mental illness.

Even as it stands with current resources, including existing ODR housing slots, ODR staffing, justice partner staffing, and court staff/time, ODR is unable to serve all eligible P3/P4 individuals.


As of July 2025, there were 1,591 individuals in custody with a P3 designation and 56 with a P4 designation.

Of these, 1,423 P3s (89 percent) and 52 P4s (93 percent) were eligible for ODR because they were pretrial on diversion-eligible charges.

Of those, ODR projects between 400 to 475 P3s (25–30 percent of overall) and 15 to 20 P4s (27–36 percent of overall) may be candidates under ODR’s current program eligibility (serious mental illness, pre-trial, felony charge) that the court is likely to find suitable for mental health diversion.


P-Level	Total Jail Population		ODR Eligible Population		Likely to be Found Suitable for ODR by Court		
	#	% of Total Population	#	% of P-Level Population	#	% of Eligible Population	% of Total Jail Population
P2	3,517	27.1%	2,859	81.3%	900 - 1,050	26–30%	7-8%
P3	1,591	12.3%	1,423	89.4%	400 - 475	25–30%	3%
P4	56	0.4%	52	92.9%	15 - 20	27–36%	0.1%

There is also a considerable wait time to access an ODR housing slot, primarily as a result of wait times for hearing dates.

 *The systemwide average number of days from referral to release for those who are found suitable for diversion, which varies between the three ODR courthouses, is about 50 days.*

- Between referral (which generally occurs approximately 1-2 weeks after booking) and creation of affidavit: 9 days
- Between affidavit to suitability hearing: 27 days
- Between suitability hearing and release: 14 days

An upcoming increase in court capacity, including a new courtroom to open at the downtown Criminal Court Building in October 2025, as well as the addition of court days at the Airport Court and Van Nuys Court, are expected to support improved processing times by permitting the addition of approximately 15-20 additional ODR suitability hearings per ODR court day. Alongside this challenge is a significant opportunity.

 *People with a P2 designation (moderate mental illness) represent the largest group in mental health housing and are generally not currently considered for ODR at the point of referral.*

Although ODR is presently focused on the P3/P4 population, ODR could expand to serve P2s with additional funding and expansion of hearing dates.

On July 2025, there were 3,517 P2s in custody, of whom 2,859 (81 percent) were likely eligible for ODR based on their charges. ODR estimates that 900 to 1,050 (26–30 percent from overall) could be realistically diverted, based on current program eligibility criteria – serious mental illness, pre-trial, felony charge.

Potential opportunities within the P2 jail population

% of total jail population (👤 = 1 percentage point)



27%

(3,517 individuals) fall into the P2 mental health acuity - a not insignificant population that may also benefit from ODR programs



22%

(2,859 P2 individuals) are ODR-eligible based on their charges, with 900-1,050 (7-8% of total jail population) likely divertable

SOURCE: Office of Diversion & Reentry

Expanding ODR slots to continue P3 and P4 placements ahead of ODR reaching their max capacity would create the conditions for ODR to begin serving P2s and potentially others (sentenced people, misdemeanants, etc.) who are not currently considered.

Why this is happening:


The ODR Housing program generally accepts only individuals with a P3 or P4 designation (those with severe or acute mental illness) at the time they are initially evaluated. This prioritization is driven by the County’s strategy for compliance in the USDOJ and Rutherford cases, which includes efforts to prioritize diversion of those with severe and acute mental illness into community treatment when permitted by courts.

ODR Housing’s ongoing budget is fully committed to operating existing housing slots and will be exhausted once capacity is reached in early 2026. Because resources are focused on executing the County’s strategy for compliance with federal case requirements,

funding and program slots have been prioritized for individuals with a P3 or P4 designation. This focus has limited the ability to expand services beyond unsentenced P3s and P4s, leaving the larger P2 population and other jail populations without access to ODR Housing treatment and placements.

Potential Recommendation:

In order to avoid a significant reduction in diversion capacity and expand ODR Diversion to the P2 population, ODR projects that if 1,000 new housing slots were created, 500 could be reserved for P3 and P4 placements over approximately 18 months to maintain diversion capacity for patients in high observation housing, allocating the remaining 500 to P2s which is the largest group in mental health housing.

 *The estimated cost of creating 1,000 additional ODR slots is approximately \$186.4 million over four years, which covers housing, supportive services, staffing, and program operations.*

These bed slots would take approximately 18 months to reach enrollment provided the planned increase in Court capacity beginning in October 2025. This expansion would reduce ADP approximately 77 people.

P-Level	Individuals Court-Ordered for ODR Release (Jan-June)			Approx. Reduction in ADP from 1,000 new ODR beds
	Total #	Average LOS (Days)	Average Daily Population (ADP)	
P2	169	112	106	-38
P3 & P4	185	117	121	-39
Total	354	115	227	-77

What we'll do next:

CSIT, in coordination with ODR, justice partners and the courts, will explore several potential paths forward to address the impending program capacity limit and increase ODR's impact across the jail population.

- Exploring funding opportunities for additional housing slots to expand ODR service eligibility to P2s.
- Exploring funding opportunities to continue to expand ODR Housing slots in early 2026 and further the County's DOJ Compliance strategies.

- Exploring continued court expansion beyond October 2025 to reduce delays from referral to release. Any growth in housing slots must be met with commensurate growth in court capacity (or vice versa) to not introduce additional processing delays.
- Exploring funding needs for supportive services, ODR staff, and justice partner staffing to ensure that expansion does not create new bottlenecks.

E. AREA OF FOCUS: FACILITIES

Goal: Ensuring adequate and appropriate facilities to support the closure of MCJ.

1. Replacing Countywide Jail Functions

CSIT is working with departments to assess the operational impacts of demolishing Men's Central Jail (MCJ), including the relocation of individuals and systemwide functions, and the infrastructure needed to maintain continuous jail operations.

CSIT and the Chief Executive Office, in partnership with LASD and other County agencies, developed a matrix to identify operational considerations, assess impacts on LASD operations, and calculate the costs associated with relocation or replacement.

The matrix will be used for program planning purposes and will allow for the development of multiple scenarios and an understanding of the needs and impact of closing MCJ, including the relocation of individuals and systemwide functions needed to maintain continuous jail operations.

The matrix will be used for program planning purposes and will allow for the development of multiple scenarios and an understanding of the needs and impact of closing MCJ, including the relocation of individuals and systemwide functions, and the infrastructure needed to maintain continuous jail operations.

At this time, the information provided in the matrix contain assumptions and rough estimates based on historic data that is not yet validated.

To determine actual feasibility as it relates to scope and cost, the County will need to engage an architectural/engineering firm.

Next steps for refining and validating the information in the matrix include engaging in discussions with LASD and other stakeholders, including health and justice partners.

2. BARRIERS

Data Resources

A critical step of CSIT's work is to match individual-level information, e.g., jail, court, and behavioral health data, to facilitate evidence-based decision-making. CSIT is working closely with several data partners via the Chief Information Office (CIO) to obtain this data and conduct this matching.


CSIT is working with partners on the following actions, which will create the ability for the County to continue using a data-driven approach to measuring and maintaining progress in depopulating the jail:

- **Substance Abuse, Prevention and Control (DPH-SAPC):** Amending a memorandum of understanding (MOU) to establish a baseline of how many in-custody and recently released individuals were referred to DPH-SAPC services and who ultimately entered treatment.
- **Los Angeles Sheriff's Department (LASD):** CSIT uses this data to monitor jail population changes and work to understand and address contributing factors. We are working to determine the feasibility of receiving automated data files instead of the manual files that CEO and CIO currently receive. Automating file transfers will make the process of receiving, cleaning, and preparing the data for analysis faster and more reliable.
- **Correctional Health Services (CHS | DHS):** Identifying specific clinical health indicators in CHS data and the feasibility of transferring them to CIO. Clinical health information will support our efforts to understand which community-based services should be expanded or shifted to promote the release of more people—and better support them in the community.
- **Los Angeles Superior Court (LASC):** Amending a data-sharing agreement for case-associated data elements to provide a baseline on case processing timelines and hearing results. This agreement is in the signature phase.
- **Information Systems Advisory Board (ISAB):** Utilizing arrest and booking data to analyze the charges associated with Book-and-Release and Cite-and-Release cases to identify additional diversion opportunities and assess the effectiveness of strategies aimed at reducing inflow to the jail.
- **Chief Information Office (CIO):** Connecting and merging various datasets to allow for a fuller picture of justice-involved clients across the county. It will also allow CSIT to measure the impacts of strategies to depopulate the jail.

Budget

Impacts on Case Processing and Shortening Length of Stay

The PD's Office reports that budget reductions could eliminate its attorney pipeline program, forcing a one-in, one-out hiring model and reducing overall services by approximately 25 percent. As a result, attorneys would face rapidly increasing caseloads and would be expected to reach capacity quickly. This could lead to constitutional challenges if the office becomes unable to accept new cases due to staff attrition.

 *To preserve the PD's attorney pipeline program and avoid service reductions, the CEO's Office developed a budget solution that ensures the department retains necessary law clerk and attorney roles while meeting its 5.5 percent curtailment target. These changes are expected in a future budget adjustment.*

Without this solution, these constraints would directly affect case processing. If more cases are shifted to the County Bar Panel, which operates at a higher cost to the County, serious felony matters, especially those involving defendants with mental illness, could require additional expert appointments. These added demands could slow down case resolution and increase jail length of stay for impacted clients.

Community-Based System of Care

The DHS-ODR, reports that State budget cuts threaten its planned expansion of 270 beds through the Incompetent to Stand Trial (IST) Infrastructure Grant Program. ODR currently operates 1,005 State-funded beds, but proposed limits on funding for the Felony IST population could halt growth. This would increase reliance on State Hospitals, extend waitlists, and prolong jail stays for individuals awaiting treatment.

County budget constraints are also expected to affect ODR's jail-based diversion. ODR Housing, with 3,615 slots, is projected to reach full capacity by early 2026. Without new funding, ODR will only accept new clients as slots open through limited turnover, currently about 70 per month. This would slow diversion efforts, increase the jail population, and worsen outcomes for people with serious behavioral health needs.

As it relates to their jail closure work, the Department of Public Health - Substance Abuse Prevention and Control does not receive Net County Cost funding and does not expect a direct impact from County cuts.

The Department of Mental Health reports that it relies on federal Medicaid reimbursements, state realignment, and Behavioral Health Services Act funds.

- ① *Federal proposals such as H.R. 1 and recent Executive Orders are expected to reduce Medi-Cal eligibility, increase the number of uninsured clients, and lower federal revenue. This would strain local resources, limit access to care, and increase the risk that mild or moderate conditions escalate into serious mental illness.*

While no service or workforce reductions are planned, ongoing fiscal pressure may require future adjustments.

The County of Los Angeles Medical Examiner reports that eliminating forensic pathology vacancies prevents the department from meeting critical staffing needs. This would delay notifications to public health and law enforcement, burden families, and jeopardize the department's accreditation.

3. POLICY IMPACTS

We continue to monitor the impact of the new legislation on our mission and have worked to gather potential impacts from our County Department partners. Additional impacts reported since our last update are summarized below.

Proposition 1

The BHSA shifts funds to housing supports, impacting outpatient services and crisis services, and eliminates funding for prevention services. Feedback from DHS-ODR reports that through BHSA via DMH they receive \$25 million annually to serve 500 clients, noting that anticipated changes under Prop 1 may affect client eligibility and funding use, further impacting their ability to implement and manage the program effectively.

Proposition 36

As of October 2, 2025, 930 individuals are in custody on Proposition 36 related charges, which represents an increase from 12 individuals in December 2025, when Proposition 36 went into effect.

The biggest increase was seen between March and April of this year with a 35 percent increase.

Senate Bill 43

(Note: SB 43 is not operational in LA County until January 1, 2026)

SAPC reports that SB 43 may lead to increased involuntary detention (5150s), conservatorship referrals, and added pressure on acute and subacute psychiatric facilities. As a result, DMH, DPH-SAPC, and DHS may see an increase in demand for already limited behavioral health treatment beds.

ODR reports that SB 43 may impact their ability to provide emergency mental health services in the community, affecting persons with high-acuity needs, and noted concerns that compromised access to acute care could directly affect their capacity to meet psychiatric needs timely and effectively.


DMH reports that planning is underway across health departments and stakeholders, while models based on the experience of other counties suggest a slight increase. Case scenarios indicate increases in conservatorships are unlikely, however there may be an uptick in holds.

Assembly Bill 1231

AB 1231 failed in the State Assembly on September 13, 2025. The bill's authors have requested reconsideration for another attempt to seek passage.

Institute for Mental Disease (IMD) Exclusion / Medicaid Waiver 1115

Feedback from DHS-SAPC notes that a removal of a Medicaid Waiver 1115 would significantly impact Medicaid programs, jeopardize the County's safety net system, potentially lead to hospital and clinic closures, and reduce revenue for pre-release programs and housing supports.

 *SAPC reports that 95 percent of its residential SUD beds are in IMDs and are at risk if the waiver expires in 2026, jeopardizing \$189 million in funding. CalAim-JI, also tied to the 1115 waiver, enables billing for 90-day pre-release services. Loss of these waivers would reduce access to treatment and disrupt reentry planning.*

DHS-ODR notes a non-renewal of the waiver could result in a potential loss of Medi-Cal funding needed to provide enhanced services to high-need populations and a reduction in their programming and services.

Based on the departmental feedback, the removal of any of the waivers could result in future revenue loss.

DMH notes that the state's BH-CONNECT initiative offers an IMD waiver opt-in, that may allow Medi-Cal to use federal Medicaid funds for specific, time-limited IMD services, improving access to care. This presents a new opportunity for DMH, which currently funds these services without reimbursement and aims to enhance access to behavioral health services that support successful transitions to community-based care and housing.

Appendix: Acronyms

AJIS – Automated Justice Information System
ADP – Average Daily Population
APD – Alternate Public Defender
BHSA - Behavioral Health Services Act
CalAIM – California Advancing and Innovating Medi-Cal
CEO – Chief Executive Office
CHS - Correctional Health Services
CIO - Chief Information Office
CR - Cite and Release
CRP – Comprehensive Release Plan
CSIT – Community Safety Implementation Team
DA – District Attorney
DHS – Department of Health Services
DMC – Drug Medi-Cal
DMH – Department of Mental Health
DOJ – Department of Justice
DPH – Department of Public Health
EDP - Early Disposition Program
ERC – Enriched Residential Care
ERS - Enriched Residential Services
FSP - Full-Service Partnership
GRAC – Gender Responsive Advisory Committee
HMA – Health Management Associates
HOH - High Observation Housing
IBD – Intake Booking Diversion
IDCO - Independent Defense Counsel Office
IMD - Institute for Mental Disease
IRC - Inmate Reception Center
IRP – Initial Release Plan
ISAB – Information Systems Advisory Board
ISLG – Institute for State and Local Governance
IST – Incompetent to Stand Trial
JCOD - Justice, Care, and Opportunities Department
JVCSS - Justice Video Conferencing Scheduling System
LASC - Los Angeles Superior Court
LASD - Los Angeles Sheriff Department
LOS – Length of Stay
MCJ – Men’s Central Jail
MOH - Moderate Observation Housing
MOU – Memorandum of Understanding

MR - Magistrate Review
ODR - Office of Diversion and Reentry
PACE - Professional Appointee Court Expenditure program
PARP - Pre-Arrest Release Protocols
PD - Office of the Public Defender
PRCM - Patient Reentry Case Management
PRD - Predicted Release Dates
SAPC - Substance Abuse Prevention and Control
SBAT - Service Bed Availability Tool
SRTS - Service Request Tracking System
SUD - Substance Use Disorder